

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		2				
5		2				
6	1					
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TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	4					

	IND	DEP	IND	DEP	IND	DEP
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